## 2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Apr 17, 2003 8:00 am Secretary of State		0430333
DOCUMENT # P0100063405  1. Entity Name BELLA ELIA, INC.			Secretary of State 04-17-2003 90132 005 ***150.00		Ą	
Principal Place 207 WORTH PALM BEACH		Mailing Address 207 WORTH AVE. PALM BEACH FL 33480	VI GO WE US		AA CAARA AKKA STOK EBITI DIN IDDI	
2. Principal I	Place of Business	3. Mailing Address	<del></del>			
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKII	NG CHANGES	
City & Sta	ite	City & State		4. FEI Number 65-1116626	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registere	d Agent	
	لواشق درورات والمواد الماسات	رد بها الراجاء ما المال ما المستحدد	, Name	الها وللماراني الها وللسلمة المهمسية للسا		
GASBARRO, AMY M		Street Address	(P.O. Box Number is Not Acceptable)			
207 WOF	· ·					
PALM BE	ACH FL 33480					
			City	F	Zip Code	
	ations of registered agent.	the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I a	n familiar with, and accept	
O.G. W. W. D. I.E.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature requir	ed when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I		11,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
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-CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP			į
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR